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Item No.	Description of Records Series (Program, forms, etc.)	Authorized Retention Period & Instructions
1.	<p>Appointments and Executive Nominations Files - Background information files, including resumes, applications, diplomas, personal references, etc. for individuals who are considered and/or accepted for appointment or nomination to positions on DHMH regulatory boards or commissions.</p> <p>a. ACTIVE FILES</p> <p>b. INACTIVE FILES</p>	<p>Maintain in office. Screen annually, removing and destroying unneeded information, and/or replacing with updated information. Move folder to inactive files upon completion of service.</p> <p>Retain permanently. Transfer periodically to the Maryland State Archives.</p>

AUTHORIZED BY: (STATE ARCHIVES) DATE: JUN 16 2004

SIGNATURE: Edward C. Pappas

NAME/TITLE :Edward C Papenfuse, Jr., STATE ARCHIVIST

DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board OFFICE OF APPOINTMENTS AND EXECUTIVE NOMINATIONS		3. Division/Unit or Section	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title APPOINTMENTS & EXECUTIVE NOMINATIONS FILES				5. Earliest Year/Latest Year 1987 to 2004	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Background information files, including resumes, applications, diplomas, personal references, etc for individuals who are considered and/or accepted for appointment of nomination to positions on DHMH regulatory boards or commissions.					
7. Record Series Format(s) List all Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card <input type="checkbox"/> Other (specify) _____ Film / tape: <input type="checkbox"/> 35mm, etc <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> CD, DVD, etc Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk		8. Record Series Sequence <input type="checkbox"/> Alphabetical by Board <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <u>5</u> <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) _____ 10. Annual Accumulation <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <u>3</u> cu ft <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) _____	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>4</u> yr cycles <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 201 West Preston St. 5 th Floor			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____			18. Recommended Retention: In Office And In Storage (Each Format) Retain permanently - These records provide the background on citizens chosen to lead the Department's Regulatory Boards and Commissions.		
19. Name and Title of Preparer Thomas Kraavitz, Administrator E-mail address: kravitzt@dhmh.state.md.us		20. Location: 201 West Preston St Telephone Number# _____ Room # 5 th Floor		21. Date March 24, 2004	